Mindfulness - As a coping strategy

Gibbons, C. (2015). Mindfulness - As a coping strategy. *Eisteach*, *15*(2), 14-18. [Vol. 15 (2)]. http://www.irish-counselling.ie/files/UserFiles/Eisteach-Journals-Edited-Art/Eisteach-Journal-Summer-2015-Art.pdf

Published in:
Eisteach

Document Version:
Publisher's PDF, also known as Version of record

Mindfulness – As a Coping Strategy

by Dr. Chris Gibbons & Hazel Morgan

Introduction

Mindfulness has been described as "paying attention in a particular way: on purpose, in the present moment, and non-judgmentally." (Kabat-Zinn, 1994, p. 4). It is a technique where one focuses on the present, gradually letting go of thoughts about the past or the future. Mindfulness is becoming more popular as a technique to help people manage stress. Research suggests, for example, that individuals who have higher levels of mindfulness have increased performance in attention and cognitive flexibility (Moore & Malinowski, 2009); report higher levels of relationship satisfaction (Kozlowski, 2013), and lower levels of perceived stress (Roeser et al., 2013). As a therapeutic technique mindfulness has been shown to be effective through, for example, Mindfulness Based Cognitive Therapy and Mindfulness-Based Stress Reduction (Nevanper, 2012).

Aims of Research

The argument offered here is that mindfulness is likely to act in the same way as other types of coping i.e. that it is not a 'silver bullet' and that it is likely to be a preferred strategy used by some and not others. The aim of this research therefore is to compare the impact of mindfulness compared to other types of coping on well-being - operationalised as happiness, self-compassion and stress.

Self-compassion refers to the extent to which one is forgiving of one's failures and inadequacies and it has been found to be positively associated to mindfulness. Self-compassion has also been associated with optimism and self-efficacy (Alberts et al., 2014), and to increases in self-esteem and happiness (Umphrey & Sherblom, 2014).

What do we mean by Coping? Lazarus and Folkman (1984) defined coping as:

'constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person' (Lazarus and Folkman, 1984, p. 141).

The research in this area has broadly focused on problem and emotion based coping. Both can be used in effective and ineffective ways but problem-based coping tends to be more goal-orientated and associated with a more positive outcome. It involves actively attempting to overcome the issue that is causing distress, such as making a tasks list, seeking support, planning and executing that plan. Those who used problem-focused coping strategies are significantly more likely to report lower emotional and behavioural difficulties compared to those who used emotion-focused coping (Folkman, 1997).

Emotion-focused coping is commonly used when a distressing problem is perceived as outside the person's control (Lazarus & Folkman, 1984). Both active and avoidant coping strategies can be used to manage one's emotional reaction to stress (Green, Choi, & Kane, 2010). Emotion-focused coping strategies can include positive reframing, the use of emotional or instrumental support, humour and acceptance. (Carver, 1997).

Avoidance-based coping refers to attempts to direct attention away from the emotional distress.

Typical strategies can include: denial, self-distraction, behavioural disengagement, venting, self-blame, and substance use and they are commonly associated with poorer psychological outcomes (Gibbons, Dempster & Moutray 2009). Avoidance-based coping is ineffective coping and even if it is used only occasionally it was been found to be a strong predictor of adverse well-being (Gibbons, 2010).

Mindfulness is one of a range of strategies that has been found to be helpful in managing stress. Other powerful coping resources include support (Gibbons, 2010 and Taylor et al., 2004), pursuing optimism (Seligman, 2002), developing a sense of 'flow' (Csikszentmihalyi, 2000) and developing a sense of control (e.g. Rotter, 1966 & Gibbons 2010, 2012). No one strategy or resource is a 'silver bullet', rather the focus should be on using a range of strategies and to identify those that match with one's preference. Gibbons, Dempster and Moutray (2010) found, for example, that support was not equally effective across samples of nursing and psychology students but effective most for those who had a preference for it and those with this preference were most distressed when expected support was not available. Control is normally construed as an effective strategy but Gibbons (2010) found that those high in control were most distressed when they faced demands where they could not draw on this preferred coping style - those high in control were more distressed than those low in control! This highlights the point that those who cope well tend not just to have a preferred style of coping but they are adaptable and able to draw on a range of coping resources.

Methodology

The sample consisted of 521 participants; 76 male (14.6%) and 419 female (80.4%) and the age range was 18 to 75. Participants were invited to fill out an online questionnaire through Facebook via a personal account. A volunteer sample was used along with snowball sampling.

A survey method and correlational design was used with the predictor variables being age, gender, mindfulness and problem- and emotion-based coping. The outcome measures were Self-compassion, happiness and general psychological well-being as measured by the General Health Questionnaire. The coping inventory measured fourteen types of coping drawn from Carver's (1997) coping scale. The mean Cronbach's alpha coefficient has been reported at .89 for this scale (Carver, 1997).

The Mindful Attention Awareness Scale is a 15-item scale that measures open or receptive awareness and attention to the present - a core characteristic of dispositional mindfulness. The Cronbach's alpha has been consistently reported to be above .80 (Brown et al., 2011). This study then is not measuring if respondents formally practice mindfulness, rather 'mindfulness' in this context refers to the extent to which the individual shows receptive awareness and attention to the present.

The Self-Compassion Scale (Neff, 2003) is a 26-item scale. It was only the Self-Kindness sub-scale that is the focus of this research. The Cronbach's alpha coefficient has been reported at .92 (Neff, 2003).

The General Health Questionnaire (Goldberg, 1972).

The 12 item version of the General Health Questionnaire was used to measure transitory distress. Each of the twelve items have a four response option and Goldberg's scoring rubric was used to measure the extent to which one was at risk of developing a stress-related illness. Cronbach's alpha coefficient has been reported at .88 (Picardi, Abeni & Pasquini, 2001).

Happiness was measured by asking respondents to rate how happy they were on a scale from 1-10, 1 being 'not at all happy' and 10 'very happy' Deiner (2000). This is a one item measure and research has shown itself to be a valid predictor of subjective well-being (Deiner, 2000).

Results

See Figure 1.

Discussion

Happiness

The first model explained 37.4% of the variance in happiness scores. Mindfulness was the strongest predictor - as it increased so did happiness. This corresponds with the earlier findings of Kozlowski (2013) and Roeser et al (2013) on the association between mindfulness and relationship satisfaction and stress management. Self-blame was negatively related to happiness - the more one used this type of coping the less happy one was. However, one has to caution against necessarily assuming self-blame is mainly or always an example of poor coping. Other research has found

Figure 1: Results

Final regression model - happiness

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	3.552	.486		7.302	.000
	Mindfulness	.187	.024	.326	7.865	.0001
	Substance use	-.095	.039	-.094	-2.437	.015
	Emotional support	.073	.033	.080	2.188	.029
	Behavioural disengagement	-.176	.051	-.147	-3.427	.001
	Self-blame	-.213	.041	-.235	-5.130	.0001

R squared .381, Adjusted R squared .374

Final regression model with Self-kindness (Self-compassion)

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	5.858	1.116		5.247	.000
	Age	.023	.011	.068	2.212	.027
	Mindfulness	.716	.052	.497	13.835	.0001
	Emotional support	.229	.073	.101	3.158	.002
	Behavioural disengagement	-.233	.106	-.076	-2.192	.029
	Acceptance	.230	.091	.084	2.526	.012
	Self-blame	-.629	.086	-.278	-7.345	.0001

R squared .601 Adjusted R squared .595

Final regression model with GHQ

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.192	1.120		1.064	.288
	Mindfulness	-.208	.059	-.158	-3.539	.0001
	Self-distraction	.274	.092	.123	2.978	.003
	Denial	.285	.121	.101	2.364	.019
	Behavioural disengagement	.590	.128	.217	4.605	.0001
	Positive reframing	-.187	.090	-.084	-2.076	.039
	Self-blame	.514	.097	.253	5.295	.0001

R squared .398, Adjusted R squared .389

that those high in self-blame are also likely to score high on diligence, to see a task through to its completion and to have a tendency to take responsibility for large areas of work. For those with this quality who work in human-service professions (e.g. teaching, nursing, retail etc.) they are more likely to be valued and rated as very competent (Gibbons, 1998, 2008), but, at the individual level, it may well add to their perception of stress. Another way of viewing this is that a perception of some level of stress is necessary to perform at the optimum. This is referred to as 'eustress' and where 'self-blame' adds to one's performance it is likely to be because it increases the perception of eustress (Gibbons, 2008).

The more one disengages from others the less happy one is. This concurs with earlier research with this type of coping broadly being equivalent to Maslach's (1996) measure of depersonalization (a component of burn-out). Essentially, the more one feels disengaged, alienated and removed from those one works with the lower are the scores on work satisfaction and happiness. This study did not limit respondents to their experience of this type of coping in a work context but to life in general. This suggests that isolation and disengagement are important indicators that one is not coping and not happy and should be seen as a signal for remedial action rather than as a tendency to continue using this strategy.

Consistent with this finding is that as emotional support increased so did happiness. While the Beta value is small, support contributed to the final model and it is important to remember that of the seventeen variables measured - fourteen types of coping, mindfulness, age and gender - it is those in the final model that are the key factors. As expected, as substance use increased happiness declined. This suggests that it is ineffective coping and it is likely to be used as a form of avoidance in the same way disengagement may be an attempt to avoid other perceived stressors.

Self-compassion

The final model explained 59.5% of the variance in scores on self-compassion. Again the variable that explained the most variance was mindfulness. As it increased so did self-compassion. Mindfulness is clearly very effective at nurturing this quality or vice versa.

The more one used self-blame the lower was the score on self-

compassion. It makes sense that the more one is critical of oneself (self-blame) the less likely one will simultaneously show self-compassion. To achieve in one's endeavours, however, one has to strike a balance between being critical of one's standards and efforts while simultaneously being willing to forgive one's own mistakes. As has been mentioned, those high in self-blame do tend to achieve to high standards but being too self-critical and taking on too much responsibility (self-blame), adversely affects well-being and, in the long-term, performance. It is a game of fine margins to strike this balance!

As support and acceptance increased so did self-compassion, and behaviour disengagement negatively related to self-compassion – that is to say that as one becomes disengaged from others one runs the risk of being less in tune with one's own emotional needs (as indicated by measures on the self-compassion scale).

General Health Questionnaire (GHQ)

The greater the scores on GHQ the greater is the risk of developing a stress-related illness. This model explained 38.9% of the variance in GHQ scores. The largest variance was explained by the self-blame coping strategy - the more one used self-blame the greater was the risk of developing a stress-related illness. Similarly, the more one coped by disengaging from others - be that work colleagues, friends or family - the greater was the risk of developing a stress-related illness. The earlier explanation offered for these variables in relation to happiness, is likely to apply here too. Earlier research and the interpretations offered here show that self-distraction and denial are ineffective ways of coping and this corresponds with the findings with GHQ – as it increased so did scores on these types of coping. The two ways of coping that had a beneficial effect were mindfulness and positive reframing with mindfulness having a far more powerful influence.

If one scores 3 or more on the GHQ one can be categorised as 'at risk' of developing a stress-related illness and T-test comparisons between those 'at risk' and 'not at risk' revealed that those 'not at risk'- the 'good-copers' effectively, were happier and scored significantly higher on mindfulness; religious beliefs; levels of acceptance and positive reframing and significantly low on denial and behaviour disengagement.

That mindfulness was reported as the largest Beta value by some margin across all the models indicates that it is the single most beneficial influence on promoting self-compassion; in managing the effects of distress (GHQ) and in happiness. The first finding is less surprising given the practice or qualities associated with mindfulness are likely to promote self-compassion but it is a testament to mindfulness that it appears to be a far stronger influence on well-being than the wide variety of coping strategies measured here, such as humour, support, positive reframing, planning, active coping and religion, all of which have a strong track record in the research literature on coping and enhancing well-being.

Conclusion

The overall variance explained by each model suggests that there were many factors not measured that also contribute to each of the outcome measures. It is rarely the case that a regression model explains more than 50% of the variance in an outcome measure and here is no exception. There were limitations to the study too - the sample size was an exceptionally good one for what had started out as a piece of undergraduate research but the sampling was voluntary and it was likely that the procedure attracted a higher proportion of individuals already predisposed to mindfulness. The sample size was sufficient to test the number of factors that were entered into each model and the findings were statistically robust. The interpretations arrived at suggested that avoidance; in the form of self-distraction, disengagement from others or substance use, had adverse effects on well-being. Self-blame was also associated with distress but also with achievement and it is important to strike the right balance between setting one's goals high but avoiding being too self-critical. Consistent with earlier research was the value of support, acceptance and positive reframing. However, a key finding was that mindfulness was the strongest influence and not just in promoting these qualities but which, in its own right, promotes well-being and effective coping.

References

Alberts, H. J., Mulkens, S., Smeets, M., & Thewissen, R. (2010). Coping with food cravings. Investigating the potential of a mindfulness-based intervention. *Appetite*, 55(1), 160-163.

Brown, K. W., West, A. M., Loverich, T. M., & Biegel, G. M. (2011). Assessing

adolescent mindfulness: validation of an adapted Mindful Attention Awareness Scale in adolescent normative and psychiatric populations. *Psychological assessment*, 23(4), 1023.

Carver, C. S. (1997). You want to measure coping but your protocol is too long: Consider the brief cope. *International journal of behavioral medicine*, 4(1), 92-100.

Csikszentmihalyi, M. (2000). *Beyond boredom and anxiety*. Jossey-Bass.

Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American psychologist,* 55(1), 34.

Folkman, S. (1997). Positive psychological states and coping with severe stress. *Social science & medicine,* 45(8), 1207-1221.

Gibbons, C (2012) Stress, positive psychology and the National Student Survey, *Psychology Teaching Review,* Vol. 18 (2), 22-30.

Gibbons, C., Dempster, M. and Moutray, M. (2010), Stress, coping and satisfaction in nursing students, *Journal of Advanced Nursing.* 67(3), 621-632.

Gibbons, C. (2010) Stress, coping and burn-out in nursing students, International *Journal of Nursing Studies.* (47) 1299-1309.

Gibbons, C., Dempster, M. and Moutray, M. (2009), Index of sources of stress in nursing students: a confirmatory factor analysis. *Journal of Advanced Nursing*, Vol. 65 (5), 1095-1102.

Gibbons, C., Dempster, M. and Moutray, M. (2008) Stress and eustress in nursing students, Journal of Advanced Nursing, Vol. 61 (3), 282-290.

Gibbons, C. (1998) 'An investigation into the effects of organisational change on occupational stress in F.E. lecturers'. *Journal of Further and Higher Education,* Vol. 22 (3), 315-328.

Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the General Health Questionnaire. *Psychological medicine,* 9(01), 139-145.

Green, D. L., Choi, J. J., & Kane, M. N. (2010). Coping strategies for victims of crime: effects of the use of emotion-focused, problem-focused, and avoidance-oriented coping. *Journal of Human Behavior in the Social Environment,* 20(6), 732-743.

Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. Hyperion.

Kozlowski, A. (2013). Mindful mating: exploring the connection between mindfulness and relationship satisfaction. *Sexual and Relationship Therapy,* 28(1-2), 92-104.

Lazarus R.S. & Folkman S. (1984) *Stress, Appraisal, and Coping.* Springer, New York.

Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach burnout inventory manual.* Consulting Psychologists Press.

Moore, A., & Malinowski, P. (2009). Meditation, mindfulness and cognitive flexibility. *Consciousness and cognition*, 18(1), 176-186.

Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and identity,* 2(3), 223-250.

Nevanper, N. (2013). Psychological flexibility, occupational burnout and eating behavior among working women.

Picardi, A., Abeni, D., Mazzotti, E., Fassone, G., Lega, I., Ramieri, L., ... & Pasquini, P. (2004). Screening for psychiatric disorders in patients with skin diseases: a performance study of the 12-item General Health Questionnaire. *Journal of psychosomatic research,* 57(3), 219-223.

Roeser, R. W., Schonert-Reichl, K. A., Jha, A., Cullen, M., Wallace, L., Wilensky, R., & Harrison, J. (2013). Mindfulness training and reductions in teacher stress and burnout: Results from two randomized, waitlist-control field trials. *Journal of Educational Psychology,* 105(3), 787.

Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. Psychological monographs: General and applied, 80(1), 1.

Seligman, M. E. (2002). Positive psychology, positive prevention, and positive therapy. *Handbook of positive psychology,* 2, 3-12.

Taylor, S. E., Sherman, D. K., Kim, H. S., Jarcho, J., Takagi, K., & Dunagan, M. S. (2004). Culture and social support: who seeks it and why?. *Journal of personality and social psychology*, 87(3), 354.

Umphrey, L. R., & Sherblom, J. C. (2014). The relationship of hope to self-compassion, relational social skill, communication apprehension, and life satisfaction. *International Journal of Wellbeing,* 4(2).

Dr Chris Gibbons

Dr Chris Gibbons is a lecturer in psychology at Queen's University Belfast and at Dublin Business School. His research interests are positive psychology and stress and coping, with a particular focus on 'eustress' - that level of stress needed to help one achieve.

Contact: chris.gibbons@dbs.ie

Hazel Morgan

Hazel Morgan is a graduate of psychology in DBS and has been practising mindfulness for over two years. This research was undertaken as part of the final degree.

Contact: h.morgan_91@hotmail.com